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34704 7590 12/11/2009
 BACHMAN & LAPOINTE, P.C.
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Nancy Reid (Depositor's name)
 Nancy Reid (Signature)
 March 9, 2010 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/575,434	04/10/2006	Stefan Kunz	06-226	1858

TITLE OF INVENTION: METHOD FOR PRODUCING PLANT PROTECTION OR PLANT-STRENGTHENING AGENT FOR FIGHTING AGAINST BACTERIAL AND/OR FUNGAL PLANT DISEASES, IN PARTICULAR AGAINST FIRE BLIGHT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	03/11/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
MACAULEY, SHERIDAN R	1651	424-093500

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Bachman & LaPointe, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
 BIO-PROTECT GmbH

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)
 Konstanz, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies Ten (10)

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☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0184 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Gregory P. LaPointe #28395/

Date March 9, 2010

Typed or printed name Gregory P. LaPointe

Registration No. 28,395

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